



**HAL**  
open science

## Understanding the biokinetics of ibuprofen after single and repeated treatments in rat and human in vitro liver cell systems.

Germaine L Truisi, Emma Di Consiglio, Céline Parmentier, Camille C Savary, Giuliana Pomponio, Frederic Bois, Birthe Lauer, Rozenn Jossé, Philip G Hewitt, Stefan O Mueller, et al.

### ► To cite this version:

Germaine L Truisi, Emma Di Consiglio, Céline Parmentier, Camille C Savary, Giuliana Pomponio, et al.. Understanding the biokinetics of ibuprofen after single and repeated treatments in rat and human in vitro liver cell systems.. *Toxicology Letters*, 2015, 233 (2), pp.172-86. 10.1016/j.toxlet.2015.01.006 . hal-01134674

**HAL Id: hal-01134674**

**<https://univ-rennes.hal.science/hal-01134674v1>**

Submitted on 22 Apr 2015

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

1 UNDERSTANDING THE BIODYNAMICS OF IBUPROFEN AFTER SINGLE AND REPEATED TREATMENTS IN RAT AND  
2 HUMAN *IN VITRO* LIVER CELL SYSTEMS

3  
4  
5 Germaine L Truisi<sup>a,b\*</sup>, Emma Di Consiglio<sup>c\*</sup>, Céline Parmentier<sup>d\*</sup>, Camille C Savary<sup>e\*</sup>, Giuliana  
6 Pomponio<sup>c</sup>, Frederic Bois<sup>f</sup>, Birthe Lauer<sup>a</sup>, Rozenn Jossé<sup>e</sup>, Philip G Hewitt<sup>a</sup>, Stefan O Mueller<sup>a,b</sup>,  
7 Lysiane Richert<sup>d,g</sup>, André Guillouzo<sup>e</sup>, Emanuela Testai<sup>c</sup>

8  
9 <sup>a</sup>Non-Clinical Safety, Merck Serono Research, Merck KGaA, Darmstadt, Germany.  
10 Germaine.Truisi@web.de, lauerbi@web.de, Philip.Hewitt@merckgroup.com, stefan.o.mueller@t-  
11 online.de

12 <sup>b</sup>Institut für Angewandte Biowissenschaften, Karlsruhe Institute of Technology (KIT), Karlsruhe,  
13 Germany.

14 <sup>c</sup>Mechanism of Toxicity Unit, Environment and Primary Prevention Department, Istituto Superiore di  
15 Sanità, Rome, Italy.emma.diconsiglio@iss.it, giuliana.pomponio@gmail.com, emanuela.testai@iss.it

16 <sup>d</sup>KaLy-Cell, 20A Rue du Général Leclerc, Plobsheim, France.c.parmentier@kaly-cell.com,  
17 l.richert@kaly-cell.com

18 <sup>e</sup>Institut National de la Santé et de la Recherche Médicale (Inserm), UMR991, Université de Rennes 1,  
19 Rennes, France.camille.savary@univ-rennes1.fr, rozenn.josse@gmail.com, andre.guillouzo@univ-  
20 rennes1.fr

21 <sup>f</sup>Institut National de L'Environnement Industriel et des Risques, DRC/VIVA/METO, Verneuil en Halatte,  
22 France.frederic.bois@utc.fr

23 <sup>g</sup>Laboratoire de Toxicologie Cellulaire, EA4267, Université de Franche-Comté, Besançon, France.

24 \* These authors contributed equally to this work.

25  
26 Corresponding author: Emanuela Testai  
27 Istituto Superiore di Sanità  
28 Viale Regina Elena 299  
29 I-00161 Rome, Italy  
30 Phone: +39 –06 49902920  
31 Fax: +39 – 06 49387139  
32 Email: emanuela.testai@iss.it  
33

34 **Abstract**

35 Common *in vitro* toxicity testing often neglects the fate and intracellular concentration of tested  
36 compounds, potentially limiting the predictability of *in vitro* results for *in vivo* extrapolation. We used *in*  
37 *vitro* long-term cultures of primary rat (PRH) and human hepatocytes (PHH) and HepaRG cells to  
38 characterise and model the biokinetic profile of ibuprofen (IBU) after single and daily repeated  
39 exposure (14 days) to two concentrations. A cross-model comparison was carried out at 100 µM,  
40 roughly corresponding to the human therapeutic plasma concentration. Our results showed that IBU  
41 uptake was rapid and a dynamic equilibrium was reached within 1 or 2 days. All three cell systems  
42 efficiently metabolised IBU. In terms of species-differences, our data mirrored known *in vivo* results.  
43 Although no bioaccumulation was observed, IBU intracellular concentration was higher in PRH due to  
44 a 10-fold lower metabolic clearance compared to the human-derived cells. In HepaRG cells, IBU  
45 metabolism increased over time, but was not related to the treatment. In PHH, a low CYP2C9 activity,  
46 the major IBU-metabolising CYP, led to an increased cytotoxicity. A high inter-individual variability was  
47 seen in PHH, whereas HepaRG cells and PRH were more reproducible models. Although the  
48 concentrations of IBU in PRH over time differed from the concentrations found in human cells under  
49 similar exposure conditions.

50

51 Keywords: Biokinetics, Ibuprofen, *in vitro*, Primary rat hepatocytes, Primary human hepatocytes,  
52 HepaRG cells

53

54 **Abbreviations**

- 55 ADR - adverse drug reaction
- 56 bcell - biliary cell
- 57 BSA - bovine serum albumin
- 58  $C_{\text{cell}}$  - concentration in cell lysate
- 59  $C_{\text{max}}$  - human therapeutic peak plasma concentration
- 60  $C_{\text{med}}$  - concentration in assay medium
- 61 CV- coefficient of variation
- 62 CYP - cytochrome P450
- 63 DME - drug metabolising enzyme
- 64 DMEM - Dulbecco modified eagle medium
- 65 DMSO - dimethyl sulphoxide
- 66 FBS - foetal bovine serum
- 67  $F_{\text{in}}$  - entry rate flow for one cell
- 68  $F_{\text{out}}$  - exit rate flow for one cell
- 69 HMM - hepatocyte maintenance medium
- 70 IBU - ibuprofen
- 71 ITS - insulin transferrin selenium
- 72  $k_1$  - rate constant for binding to medium proteins
- 73  $k_2$  - rate constant for unbinding from medium proteins
- 74  $K_m$  - Michaelis-Menten constant
- 75 LOD- Limit of detection
- 76 LOQ – Limit of quantification
- 77 MCMC - Markov-chain Monte Carlo
- 78  $N_{\text{cell}}$  - number of cells in the assay system
- 79 NOAEC – No observed adverse effect concentration

- 80 OECD - Organisation for Economic Co-operation and Development
- 81 PHH - primary human hepatocytes
- 82 PBPK - physiologically-based pharmacokinetics
- 83 PRH - primary rat hepatocytes
- 84  $Q_{\text{cell}}$  - total quantity in cell lysate
- 85  $Q_{\text{med}}$  - total quantity in assay medium
- 86  $Q_{\text{prot}}$  - total quantity bound on protein
- 87 SD - standard deviation
- 88 SW - sandwich
- 89  $t_{1/2}$  - half-life
- 90 TC - toxic concentration
- 91  $T_{\text{max}}$  - time to reach  $C_{\text{max}}$
- 92  $V_{\text{cell}}$  - volume of cells
- 93  $V_{\text{max}}$  - maximal metabolic rate
- 94  $V_{\text{med}}$  - volume of assay medium
- 95

## 96 1 Introduction

97 Attrition during drug discovery and development is a major hurdle to the launch of a drug and lack of  
98 efficacy and unacceptable toxicity are the two major reasons (Kola and Landis, 2004). Usually, the  
99 potential risk for human health of pharmaceuticals is assessed in the early phases of development on  
100 the basis of animal testing. However, the extrapolation of observed adverse drug reactions (ADRs)  
101 from animals to humans is often difficult. The discrepancies can be frequently attributed to different  
102 kinetic behaviours of the compound in the different species (Shanks et al., 2009).

103 In the last decades, *in vitro* models have improved substantially, resulting in applications accepted as  
104 valuable tools to characterise and optimise compounds in terms of efficacy and safety. Most of these  
105 *in vitro* models apply a single exposure to deliver discrete information on single endpoints. By contrast,  
106 more complex *in vitro* models, for the identification of systemic effects, lack acceptance mainly  
107 because they poorly correlate with *in vivo* data (Adler et al., 2011). Differences between *in vitro* and *in*  
108 *vivo* kinetics have been considered as one of the main reasons. Despite this, the implementation of  
109 biokinetic information in *in vitro* systems has been mainly ignored. As a consequence, an observed  
110 effect indicated by e.g. EC<sub>50</sub> (Effective Concentration causing the 50% of the effect) or NOAEC (No  
111 Observed Adverse Effect Concentration) *in vitro* is typically assigned to the applied nominal  
112 concentration of the test item, assuming that 100% is available within the cell. On the contrary, a  
113 number of abiotic processes affects the fraction of a test chemical that is available for uptake into cells  
114 or tissue, reducing its bioavailability. These processes include compound solubility, volatility, stability  
115 in aqueous solutions, binding to membrane lipids and proteins in cell culture medium or adsorption to  
116 plastic devices. Furthermore, biotic processes, such as mechanisms of cell uptake/extrusion,  
117 metabolism, intracellular bioaccumulation (of parent and/or metabolites) as well as saturation of these  
118 processes can influence the compound's biokinetic behaviour, affecting the biologically effective dose  
119 of test chemical, able to interact with the target or cause toxicity. This hampers the interpretation of *in*  
120 *vitro* data to predict *in vivo* dose–response relationships and compare the true toxic potency of test  
121 compounds (Groothuis et al, 2013). Thus, the intracellular concentration is a much more relevant

122 parameter to enable the derivation of a NOAEC *in vitro*. This NOAEC can be then transformed to *in*  
123 *vivo* doses using appropriate modelling techniques, such as physiologically-based pharmacokinetics  
124 (PBPK) modelling.

125 Previous groups have shown that adsorption to plastic devices (Tirelli et al., 2007), binding to  
126 macromolecules in the medium (Guelden et al., 2001; Seibert et al., 2002), evaporation of the  
127 chemical (Kramer et al. 2012) and the number of cells in the cell system (Guelden et al., 2001;  
128 Guelden et al., 2010) influence the actual biologically effective concentration and thus the cytotoxic  
129 potential of a compound. A recent paper reviewed a number of factors affecting bioavailability of test  
130 chemicals in *in vitro* assays and different dose metrics for *in vitro* setups (Groothuis et al, 2013).

131 To further support this concept, the application of a recently developed model to a set of hypothetical  
132 chemicals as well as to 1194 real substances (predominantly from the ToxCast chemical database)  
133 shows that the potential range of concentrations and chemical activities under assumed test  
134 conditions can vary by orders of magnitude for the same nominal concentration (Armitage et al. 2014).

135 There is an urgent need for predictive *in vitro* models to identify ADRs in the early phases of drug  
136 development, especially for the liver. As the main drug metabolising organ, the liver plays a central  
137 role in drug-induced toxicities. Furthermore, repeated drug administration is a more relevant exposure  
138 scenario for therapeutics, being usually evaluated in specified *in vivo* repeated-dose toxicity testing. In  
139 order to mimic repeated exposures *in vitro*, models retaining *in vivo* characteristics for a sufficiently  
140 long time frame should be used. Both hepatotoxicity and repeated exposure were addressed in this  
141 work by using different long-term hepatic culture systems.

142 Primary hepatocytes are the gold standard for metabolism studies because these cells retain *in vivo*-  
143 like activities of drug metabolising enzymes (DMEs) (Guillouzo, 1998; Hewitt et al., 2007; Tuschl et al.,  
144 2008). However, monolayer cultures of primary hepatocytes lose the activity of some liver-specific  
145 enzymes within a few days (Guillouzo, 1998; Tuschl et al., 2009). By contrast, primary rat and human  
146 hepatocytes (PRH and PHH, respectively) cultured in a sandwich (SW) configuration with defined  
147 medium, maintain their metabolic capacities at acceptable levels over a prolonged time period

148 (Parmentier et al., 2013; Tuschl et al., 2009). The cholangio-hepatocarcinoma derived cell line  
149 HepaRG™ has proven itself valuable for many applications, including the prediction of metabolism-  
150 dependent hepatotoxicity (Aninat et al., 2006; Anthérieu et al., 2012). This human-derived cell line is a  
151 promising system, because after proliferation and differentiation phases it holds adequate and rather  
152 stable activity of DMEs throughout long-term culture.

153 The EU FP7 Project Predict-IV aimed to provide an improved predictability of the non-clinical safety  
154 testing by using *in vitro* tests, proposed to integrate dynamics and biokinetics in *in vitro* models after  
155 repeated exposure. This paper describes some of the obtained results comparing the three hepatic  
156 models described above to study the kinetic behaviour of ibuprofen (IBU), after acute and long-term  
157 repeated treatment.

158 IBU, a non-steroidal anti-inflammatory drug, seldom inducing ADRs in the liver, has been used as  
159 model compound, selected on the basis of its physicochemical and metabolic properties.

160 To the best of our knowledge the *in vitro* biokinetics after single (d0/1) and repeated exposures  
161 (d13/14) of a drug are here described for the first time. The integration of biokinetics to well-  
162 established rat and human long-term liver culture systems addresses most of the current issues of *in*  
163 *vitro* systems described above. The approach further includes the application of PK modelling, by  
164 integrating the kinetic experimental parameters obtained in the different *in vitro* systems, and being a  
165 fundamental tool for the extrapolation of *in vitro* data to the *in vivo* situation.

166



## 167 **2 Materials and Methods**

### 168 **2.1 Chemicals and Reagents**

169 IBU was purchased from Sigma-Aldrich (Steinheim, Germany; St. Quentin-Fallavier, France) or  
170 Calbiochem (Darmstadt, Germany). For the culture of the PRH in sandwich configuration Collagen  
171 from rat tail tendon (Roche, Mannheim, Germany) was used, while PHH were covered with Geltrex™  
172 from Gibco® (Thermo Fisher Scientific, Illkirch, France). The perfusion buffer components were from  
173 Merck Chemicals (Merck KGaA) and AppliChem (both Darmstadt, Germany) or Sigma-Aldrich  
174 (Steinheim, Germany; St. Quentin-Fallavier, France). DMEM/F12 GlutaMAX™, Williams' E medium,  
175 Sodium-pyruvate, ITS-G (100x), Gentamycin, Glutamine, Trypsin/EDTA and PBS were obtained from  
176 Gibco® (LifeTechnologies, Darmstadt, Germany; Thermo Fisher Scientific, Illkirch, France). The  
177 culture medium, HMM, used with PHH was purchased from Lonza (Verviers, Belgium). Foetal bovine  
178 serum (FBS) was from HyClone®, Gibco® or Perbio (Thermo Fisher Scientific, Waltham (MA), USA or  
179 Illkirch, France); hydrocortisone hemisuccinate was from Upjohn Pharmacia (Guyancourt, France).  
180 Further reagents were from Sigma-Aldrich (Steinheim, Germany; St. Quentin-Fallavier, France)  
181 included penicillin/streptomycin, insulin, BSA, dexamethasone, percoll® and DMSO.

182 For IBU quantification analytical grade chemicals were obtained from commercially available sources.  
183 The Milli-Q water purification system (Millipore, Merck KGaA, Darmstadt, Germany) was used to  
184 obtain deionised water.

### 185 **2.2 Cell culture**

#### 186 **2.2.1 Primary rat hepatocytes**

187 Care and use of laboratory animals was in agreement with the German guidelines and approved by  
188 the ethics committee. Isolation of rat hepatocytes from male Wistar rats (Harlan Laboratories,  
189 Rossdorf, Germany) followed a modified two-step perfusion technique described by Seglen (Seglen,  
190 1976). Overall, only hepatocyte preparations with more than 85% viability (determined via trypan  
191 exclusion method) were used. 30,000 viable cells were seeded onto collagen I coated 96-well plates in  
192 serum-containing culture media (DMEM/F12 GlutaMAX™, 100 units/mL penicillin, 100 µg/mL

193 streptomycin, 1 mM sodium pyruvate, 10% FBS and 5 µg/mL insulin). Following an attachment phase  
194 of 4 h the culture medium was replaced with serum-free culture medium media (DMEM/F12  
195 GlutaMAX™, 100 units/mL penicillin, 100 µg/mL streptomycin, 1 mM sodium pyruvate, 100 nM  
196 dexamethasone, 0.44 mg/L BSA, ITS-G) and IBU treatment was started 24h after seeding. For the  
197 SW culture format, the cells were seeded in serum-containing culture media on a gelatinised layer of  
198 collagen (prepared at 37°C ≥ 1 h) at a density of 0.25 and 1.5 x 10<sup>6</sup> viable cells per well in a 24- and 6-  
199 well plate (BD Falcon™, Heidelberg, Germany), respectively. After four hours the culture medium was  
200 replaced with fresh serum-containing media. On the subsequent day the top collagen stratum was  
201 applied and after its full gelatinisation (at 37°C ≥ 1.5 h) serum-free culture medium media was added.  
202 IBU treatment started on day 3 after seeding.

### 203 2.2.2 Primary Human Hepatocytes

204 All experiments were performed with permission of the National Ethics Committee (France) and  
205 regulatory authorities. Liver biopsies (20-100 g) were received from surgical operations of patients with  
206 different pathologies (Table 1), whereas the obtained tissue was removed with a safety margin from  
207 the aberrant section. LeCluyse and Alexandre (2010) delineate the two-step perfusion procedure  
208 which was applied to isolate the PHH from the liver resections.

209 Viability of the PHH suspension, obtained directly after isolation, was assessed via trypan blue  
210 exclusion method and only preparations holding viability greater than 70% were used for cell culture  
211 experiments. The cells were seeded at a density of 2 x 10<sup>6</sup> viable cells per well of a collagen-coated 6-  
212 well BD Biocoat® plate (Dutscher, France) for kinetic studies or at a density of 0.3 x 10<sup>6</sup> viable cells  
213 per well of a 24-well plate (Biocoat®, Dutscher, France) for CYP450 activity measurements. The  
214 seeding medium was Williams' E medium containing 50 µg/mL gentamycin, 10% FBS, 1 µM  
215 dexamethasone and 4 µg/mL insulin. Following an overnight incubation the monolayer culture was  
216 covered with a preparation of 350 µg/mL Geltrex™ in serum-free culture media (HMM, 50 µg/mL  
217 gentamycin, 100 nM dexamethasone and 1x ITS-G). The Geltrex™ overlay was renewed every 3-4  
218 days. IBU treatment was started two days after seeding.

### 219 2.2.3 HepaRG cells

220 The liver tumour derived HepaRG cells were cultured and differentiated as previously described by  
221 Gripon et al. (2002). Briefly, the HepaRG cells (at passage 12) were cultured in growth medium  
222 (Williams' E supplemented with 10% FBS, 100 units/mL penicillin, 100 µg/mL streptomycin, 5 µg/mL  
223 insulin, 2 mM glutamine, and 50 µM hydrocortisone hemisuccinate), which was refreshed three times  
224 a week. After two weeks the growth medium was supplemented with 2% DMSO for additional two  
225 weeks, resulting in differentiated HepaRG cell cultures. At that time the cultures contained hepatocyte-  
226 like and primitive biliary cells at around the same percentage (Cerec et al., 2007; Aninat et al., 2006)  
227 and were ready for treatment with IBU. Two days before treatment start the cells ( $2 \times 10^6$  per well) were  
228 shifted to a medium containing 2% FBS and 1% DMSO. The percentage of FBS was lowered to 2% to  
229 minimise protein binding of the test item, without altering the cell viability and functionality (data not  
230 shown).

### 231 **2.3 Determination of CYP450s activity in PHH**

232 Basal CYP450s activities were determined in PHH cultures from the three donors used for kinetic  
233 experiments. After attachment, cell monolayers were washed with warm phosphate buffered saline  
234 (PBS) during 15 min at 37°C, and thereafter incubated at 37°C under air/CO<sub>2</sub> (95/5 %) in DMEM with  
235 Glutamax I supplemented with insulin (4 mg/mL), dexamethasone (1 µM) and antibiotics, containing  
236 the substrates as a cocktail: 3 µM midazolam, 100 µM bupropion and 10 µM diclofenac for CYP3A4/5,  
237 CYP2B6 and CYP2C9 respectively, as described by Kanebratt et al. (2008) or with ethoxyresorufin for  
238 CYP1A1/2. At the end of the incubation period, supernatants were collected and stored at -80°C until  
239 analysis. The metabolites midazolam 1'-hydroxylation (CYP3A4/5), diclofenac 4-hydroxylation  
240 (CYP2C9) and bupropion-hydroxylation (CYP2B6) were determined by LC-MS/MS and resorufin by  
241 fluorescence, as described by Alexandre et al. (2012).

### 242 **2.4 Abiotic processes**

#### 243 2.4.1 Stability and solubility of the test compound

244 The stability of IBU in both aqueous solutions and in DMSO (the vehicle used to prepare stock  
245 solutions), was checked in preliminary assays, mimicking the actual experimental conditions. Distilled  
246 water, culture media and IBU solutions in DMSO were kept at 37°C for different incubation times in  
247 glass lab-wear and plastic tubes and analysed by HPLC.

#### 248 2.4.2 Cross-contamination among wells

249 In the adjacent wells to those containing IBU at the applied concentrations, a corresponding amount of  
250 DMSO (vehicle control) was added. At the end of the experiment, the content of these control wells  
251 was stored at -80°C until HPLC analysis. The IBU content in these control wells served as an  
252 indication of possible contamination across wells due to IBU evaporation.

#### 253 2.4.3 Adsorption to plastic devices

254 In order to measure adsorption to the plastic, once the content of each well was removed, the wells  
255 were washed twice with PBS before adding 2 mL methanol. The plate was sealed with Parafilm, and  
256 kept on a horizontal shaker (350 rpm) at room temperature for 2 h before transferring the complete  
257 volume into a LoBind tube.

### 258 **2.5 Sequestration by the matrix**

259 To determine the amount of IBU possibly sequestered by proteins in the collagen or Geltrex™ matrix  
260 used for PRH and PHH SW cultures, repeated exposure experiments were conducted with the same  
261 schedule of the main experiment but in the absence of cells ('blank experiment'). Here, corresponding  
262 volumes of collagen I (PRH) and Geltrex™ (PHH) were exposed to high and low IBU concentrations  
263 or DMSO vehicle control. Sampling was performed on the first (0/1) and last (13/14) day of treatment,  
264 at two time points (2 min and 24 h).

### 265 **2.6 Assessment of cell viability after IBU exposure**

266 Preliminary experiments were performed to determine the cytotoxicity of IBU. For all applied assays,  
267 the results were expressed as a percentage versus the vehicle treated control.

268 In PRH, the dose finding was performed in three stages (Table 2), starting with treatment with a broad  
269 concentration range in 96-well plate ML culture for 24 h. After the pre-screen, three biological

270 replicates in 24-well plate SW culture were treated for 1, 3 and 14 days to assess a preliminary TC<sub>10</sub>  
271 (the concentration causing 10% cytotoxicity, in the specific case measured as ATP depletion). Finally,  
272 three concentrations around the determined TC<sub>10</sub> were tested in 6-well plate SW cultures, the format  
273 for the final experiments, for 14 days repeated exposure.

274 The cell viability was determined via ATP levels that were measured using the CellTiter-Glo®  
275 Luminescent Cell Viability Assay (Promega®) according to the manufacturer's protocol including slight  
276 modifications. Briefly, after the corresponding exposure time cell cultures in 96-, 24- or 6-well plates  
277 were incubated with 100 µL, 600 µL or 900 µL CellTiter-Glo® Reagent for 2 min on an orbital shaker.  
278 After 10 min the luminescence signal was measured.

279 In PHH, preliminary assessment of IBU cytotoxicity was performed in one culture (donor S0302V, not  
280 further used for kinetic testing): 0.05 x 10<sup>6</sup> viable cells were seeded onto collagen I coated 96-well  
281 Biocoat® plates (Dutscher, France) in Williams' E medium supplemented with 10% FBS, 4 µg/mL  
282 insulin, 1 µM dexamethasone and 50 µg/mL gentamycin. Following an overnight incubation, the cell  
283 monolayer was covered with 350 µg/mL Geltrex™ in culture medium without FBS for 24 h. Six IBU  
284 concentrations were tested, corresponding to the concentrations applied to PRH in 24-well SW  
285 cultures (see Table 2). A MTT test was performed after 1, 3 and 14 days of treatment. Here, cells were  
286 incubated with 1 mg/mL thiazolyl blue tetrazolium bromide for 30 min, the supernatant was replaced  
287 by 100 µL DMSO per well. After gentle shaking, the absorbance was measured at 595 nm.

288 For IBU cytotoxicity determinations, 2.5 x 10<sup>5</sup> HepaRG cells were seeded per well in 96-well plates as  
289 described previously (Aninat et al., 2006). Briefly, after 1, 3 and 14 days of treatment, medium was  
290 removed and serum-free medium containing MTT (0.5 mg/mL) was added to each well and incubated  
291 for 2 h at 37°C. After removal of the incubation solution, water-insoluble formazan was dissolved in  
292 DMSO and absorbance was measured at 540 nm.

## 293 **2.7 IBU exposure for kinetic experiments**

294 On the basis of results obtained from the preliminary cytotoxicity tests, the two IBU concentrations  
295 used during the kinetic experiments in the three cell culture systems were set as follows: the TC<sub>10</sub> in

296 the corresponding hepatic system, to reveal underlying mechanisms of toxicity, without causing a  
297 significant decrease in the number of cells;  $1/10$   $TC_{10}$ , which should give an insight into  
298 pharmacological actions of the drug on cellular level. Eventually, the applied IBU treatment  
299 concentrations were 10  $\mu$ M and 100  $\mu$ M in PRH and HepaRG cells, and 100  $\mu$ M and 1000  $\mu$ M in PHH.  
300 Prior to each experiment IBU stock solutions (500- or 1000-fold) were prepared in DMSO and stored  
301 at  $-20^{\circ}\text{C}$  until needed. Treatment solutions were prepared by diluting the IBU stocks (50 mM and 5  
302 mM for PRH and 500 mM and 50 mM for PHH) 1:500 in serum-free culture medium, keeping DMSO  
303 concentration at 0.2%. The stock solutions (100 mM and 10 mM) for the HepaRG cells were diluted  
304 (1:1000) in medium containing 1% DMSO and 2% FBS to obtain ready-to-use solutions. Aliquots of  
305 the daily treatment solution (considered as time 0 samples) and of the stock solutions were stored at -  
306  $80^{\circ}\text{C}$  until HPLC analysis.

307 Cell treatment with IBU  $TC_{10}$  and  $1/10$   $TC_{10}$  was initiated by adding 1.5 mL (PRH) or 2 mL (PHH and  
308 HepaRG cells) per well of the corresponding ready-to-use solutions or the vehicle (control wells). Per  
309 definition, the day of the first exposure was referred to as day 0 and media were changed on a daily  
310 basis for 14 days.

## 311 **2.8 Sample preparation for HPLC analysis**

312 A sample of cell culture media at time 0 min ( $t_0$ ) to verify the actual IBU concentration added to the  
313 well, and samples of supernatant and cell lysate were collected on day 0/1 and day 13/14 at 5 different  
314 time points (TP): 2 min, 30 min, 1 h, 3 h and 24 h for PRH and PHH. In parallel, samples to measure  
315 plastic adsorption were prepared on empty wells, as described above. The TP selection was based on  
316 intrinsic characteristics of IBU (e.g. 90-99% protein binding, rapid metabolism with half-life 2-4 hours)  
317 and the cell systems (e.g. metabolic competence). The *a priori* selected TP were confirmed in a  
318 preliminary experiment for PRH and PHH, whereas for HepaRG cells uptake into the cells was  
319 delayed. Therefore, to get a better description of the kinetic behaviour in HepaRG cells, the initially  
320 selected TP were changed to 30 min, 1 h, 3 h, 6 h and 24 h .

321 At the selected TP, the supernatant was pipetted into LoBind tubes, and cells were washed twice with  
322 PBS. The SW cultured PRH and PHH were scraped and transferred into a new LoBind tube; the well  
323 was rinsed with 250  $\mu$ L methanol, which was added to the same tube. Finally, the cell lysate was  
324 homogenised using an in-probe sonicator and the volume was adjusted with methanol to 1 mL.  
325 HepaRG cells were scraped in 200  $\mu$ L PBS and transferred into a new LoBind tube containing 600  $\mu$ L  
326 Methanol. A volume of 200  $\mu$ L PBS was used to wash the well and after adding it to the same tube,  
327 the cell lysate was homogenised (in-probe sonication). All fractions were stored at -80°C until HPLC  
328 analysis.

### 329 **2.9 HPLC analysis of IBU**

330 Methanol was selected as the extraction solvent after checking extraction efficiency: IBU recovery  
331 from the 3 media and HepaRG cell lysate was > 95%; for PRH and PHH cell lysate for which the  
332 recovery was ~75% an appropriate correction factor was applied for the calculation of IBU content.

333 Three times volumes methanol were added to the supernatant collected at  $t_0$  and at different TP; the  
334 mixture was vortexed for 30 s. All samples, including cell lysates, were centrifuged (Eppendorf 5417R;  
335 5 min, 4°C, 2500 rpm); the upper phase was transferred into amber glass vials for HPLC analysis.

336 The HPLC system included a PerkinElmer Series 200 analytical pump, a Restek™ Pinnacle ODS  
337 Amine C18 column, a PerkinElmer LC 235 Diode Array Detector and the PerkinElmer Totalchrom™  
338 3.1.2 software for data acquisition and evaluation. IBU identification and quantification was based on  
339 the isocratic method described by Hassan et al. (2008) with minor modifications, yielding a better  
340 resolution capacity. The method was specific for IBU and not able to detect its major oxidative  
341 metabolites (OH- and COOH-IBU) and the glucuronides (data not shown). The mobile phase  
342 consisted of a 60:40 (v/v) mixture of methanol and NaH<sub>2</sub>PO<sub>4</sub> (50 mM, pH 6.5), at a flow rate of 0.6  
343 mL/min. The injection volume was 20  $\mu$ L. The absorption of the eluate was measured continuously at  
344 220 nm (retention time 17 min); the amount of IBU was quantified referring to a calibration straight line  
345 (8 concentrations in triplicate, range 1-250  $\mu$ M; correlation coefficient R<sup>2</sup> = 0.978; LOD = 6.2 nM, LOQ  
346 = 20.6 nM, CV = 4.5%).

347 In order to have comparable results across the three biological replicates, the raw data obtained in this  
348 study were normalised against the cell number per well. However, cells/well did not vary significantly  
349 among the different wells, as determined by measuring protein content (in PHH), or detaching  
350 HepaRG cells and counting the number per well (in separate wells close to the ones used for the  
351 kinetic analysis), or by high content imaging in separate plates (in PRH) (data not shown); hence, the  
352 IBU content in different compartments was expressed as nmol per well.

### 353 **2.10 Pharmacokinetic Modelling**

354 To describe the *in vitro* pharmacokinetics of IBU, we adapted a three-compartment dynamic model as  
355 previously developed for cyclosporine A (Wilmes et al., 2013). The model describes the change in  
356 time of the total quantity of IBU in the assay medium ( $Q_{med}$ ), in cells lysate ( $Q_{cell}$ ) and bound on  
357 proteins such as collagen, if present, ( $Q_{prot}$ ) in the assay system (Figure 1). The model is generic for  
358 simple static system and therefore can be applied to different *in vitro* models as it was shown within  
359 the Predict-IV project with appropriate adjustments. The approach is not dissimilar to the one recently  
360 published by Armitage et al. (2014), which is a steady-state approximation of an *in vitro* system easy  
361 to compute and suitable for high throughput analyses. Since our goal was to perform a kinetic  
362 analysis, we developed a dynamic model, including more parameters and their calibration, generating  
363 a higher degree of precision in estimates.

364 No adsorption to plastic vial walls was included, as the obtained experimental data with the three  
365 models showed that none occurred for IBU or that it was negligible. Due to sequestration by collagen,  
366 for PRH the "multiple binding" processes to medium proteins, collagen walls were modelled as a  
367 single process. For PHH and HepaRG cells there was no evidence of non-specific binding from the  
368 blank experiments, thus it was neglected..

369 Since the experimental data showed that IBU can be metabolised within cells, biotransformation was  
370 accounted for in the model. The following three differential equations correspond to the general form  
371 of that model:



372 
$$\frac{dQ_{med}}{dt} = N_{cell} (F_{out} C_{cell} - F_{in} C_{med}) + k_2 Q_{prot} - k_1 Q_{med} \quad (1)$$

373 
$$C_{med} = \frac{Q_{med}}{V_{med}} \quad (2)$$

374 
$$C_{cell} = \frac{Q_{cell}}{N_{cell} V_{cell}} \quad (3)$$

375 where  $N_{cell}$  is the number of cells in the assay system,  $C_{cell}$  and  $C_{med}$  the concentration of IBU in the  
 376 cells and medium respectively,  $V_{cell}$  and  $V_{med}$  the volumes of a cells and of the medium respectively,  $F_{in}$   
 377 and  $F_{out}$  the entry and exit rate flows for one cell respectively,  $k_1$  and  $k_2$  the rate constants for binding  
 378 and unbinding to medium proteins, respectively.

379 
$$\frac{dQ_{prot}}{dt} = k_1 Q_{med} - k_2 Q_{prot} \quad (4)$$

380 
$$\frac{dQ_{cell}}{dt} = N_{cell} \left( F_{in} C_{med} - F_{out} C_{cell} - \frac{V_{max} \cdot Q_{cell}}{K_m + Q_{cell}} \right) \quad (5)$$

381 where  $V_{max}$  is maximal rate of metabolism and  $K_m$  the metabolism Michaelis-Menten constant. In Eq. 5  
 382 a cell volume proportionality difference was used in the definition of  $K_m$  rather than concentrations,  
 383 with no change in the results. The cell volume used for the conversion was  $6700 \mu\text{m}^3$  for  
 384 PRH(experimentally determined in-house) and  $3400 \mu\text{m}^3$  for PHH and HepaRG cells (2000). Details of  
 385 the parameters used for the modelling are given in Tables S1 and S2 (Supplementary material).

386 For each model the best fit for exchange rates were used: For PRH, the best fit was obtained using  
 387 first order rates for collagen binding and unbinding, cell entry and exit rate and metabolism (the range  
 388 of concentration assayed did not include doses high enough to identify a maximum rate of  
 389 metabolism). For PRH model Eq. 5 above was therefore replaced by its first order equivalent:

390  
 391 
$$\frac{dQ_{cell}}{dt} = N_{cell} \left( F_{in} C_{med} - F_{out} C_{cell} - \frac{V_{max}}{K_m} Q_{cell} \right) \quad (5b)$$

392 For PHH, no binding to GelTrex™ was observed and its rate was set to zero, first order cell entry and  
393 exit rate and saturable metabolism gave the best fit.

394 For HepaRG cells, the model considers that a large number of biliary cells develop are present in the  
395 cell culture. These cells do not metabolise IBU which on the other hand we assumed as able to enter  
396 or exit them, at about the same rate per cell as in hepatocytes. We therefore added an equation to  
397 describe the potential accumulation of IBU in biliary cells (express as  $Q_{bcell}$ ). In addition, metabolism is  
398 known to increase with time in HepaRG cells (Anthérieu et al., 2010) so we described it as a time-  
399 varying first order process. The HepaRG PK model was therefore:

400

$$401 \frac{dQ_{med}}{dt} = N_{cell} (F_{out} C_{cell} - F_{in} C_{med}) + N_{bcell} (F_{out} C_{bcell} - F_{in} C_{med}) + k_2 Q_{prot} - k_1 Q_{med}$$

402

403 where  $N_{bcell}$  is the number of biliary cells in the assay system and  $C_{bcell}$  the concentration of IBU in  
404 those cells.

405 To fit the model parameters, statistical distributions of their values were obtained by Bayesian  
406 numerical calibration (Bois, 2009) with the experimental data provided by the experiments described  
407 above. The doses actually measured were used as input to the model, rather than the nominal doses.

408 As usually done with concentration measurements, the data were assumed to be log-normally  
409 distributed with geometric means given by the corresponding model predictions and geometric  
410 variances sampled from half-normal distributions. Markov-chain Monte Carlo (MCMC) simulations  
411 were performed with GNU MCSim version 5.5.0 (<http://www.gnu.org/software/mcsim>). Two MCMC  
412 chains were run in parallel for 50,000 iterations. Their convergence was checked on the last 25,000  
413 iterations using the criterion of Gelman and Rubin (1992). In the case of PHH, there were clear  
414 differences between donors, so a hierarchical populations model was used to disentangle variability  
415 from uncertainty in parameter estimation (Gelman et al., 1996; Bauer and Guzy, 2007; Bois et al.,  
416 2010). Briefly, each 14-day cell culture was fitted individually, yielding one set of parameters for each.  
417 However, to stabilize inference and pool information between individual cultures, individuals'

418 parameter values were supposed to vary following predefined non-uniform distributions. We used log  
419 normal distributions. For example, in the case of PHH the cell entry flow rate was supposed to vary log  
420 normally around a "population" mean (unknown, to be estimated together with the individual values)  
421 with an estimated "population" geometric variance. In the end, a set of parameters was obtained for  
422 each individual culture, one set of "population" averages and one set of "population" variances. The  
423 (geometric) population means themselves were specified with the prior distributions given in Table 5.  
424 The (geometric) population variances were assigned half-normal prior distributions.  
425 Numerical integration of the models was performed with GNU MCSim version 5.5.0. Plots were  
426 produced with R, version 2.14.0.

427

## 428 **3 Results**

### 429 **3.1 Abiotic processes**

430 IBU was soluble even at the highest used concentration (i.e. stock solutions), both in the vehicle and  
431 in the culture media, with recovery of known amount of IBU after solubilisation in the range of 97-  
432 116%. IBU was chemically stable under the experimental conditions used (i.e. incubation time,  
433 temperature, DMSO and different culture media), with the recovery of known amount of IBU in the  
434 range of 92-115%, in glass labware and 94-110% in plastic tubes. In line with this and IBU's low  
435 lipophilicity at pH 7.4 ( $\log K_{OW} = 0.8$ ), IBU did not adsorb to the plastic devices used during testing as  
436 shown by no IBU extracted by methanol in the *ad hoc* assays, and mass balance close to 100% at the  
437 first TP during kinetic experiments (see Figures 2-4, E and F). The media used in the three models  
438 contain a sodium-bicarbonate buffer system, which in a 5% CO<sub>2</sub> environment, and maintain an almost  
439 constant pH in the physiological range, not altering IBU ionized state during the 14 days of treatment  
440 and hence also its lipophylicity ( $\log K_{OW} = 2.48-3.30$  at pH 5).  
441 No evaporation leading to cross-contamination among wells occurred, in accordance with IBU low  
442 volatility (vapour pressure:  $7.08 \times 10^{-3}$  Pa at 25°C).

443 The potentially significant IBU protein binding in the culture media (~99%; Rainsford 2009) was limited  
444 by avoiding the use of serum with PRH (replaced with 0.44 mg/mL BSA) and PHH experiments and  
445 using 2% FBS (corresponding to 0.8-0.9 mg/mL albumin), in HepaRG cell experiments. This condition  
446 did not alter HepaRG cell viability and performance. and was demonstrated not to affect the uptake of  
447 amiodarone, a drug with protein binding capacity similar to IBU (Pomponio et al, 2014). IBU recovery  
448 ( $110 \pm 10\%$ ) from the medium was not influenced by BSA or FBS.

449 In blank experiments, results showed that collagen I (used with PRH) sequestered IBU in a time- and  
450 concentration-dependent manner (Table 3). IBU levels in collagen increased on d0 up to 15% after 24  
451 h. On d13, the percentages levelled off at around 30% at each time point and concentration,  
452 suggesting a saturation of the extracellular matrix. A fraction of the added concentration (content of  $t_0$   
453 media) of 15 and 30%, on d0 and d13, respectively, were factored into the intracellular IBU  
454 concentrations. Amounts <5% of the nominal concentrations were within the experimental variance  
455 and hence were not taken into consideration, also in view of the absence of cells, which are thought to  
456 compete with collagen.

457 Analyses of Geltrex™ preparations (used with PHH) showed that negligible binding of IBU to the  
458 matrix molecules was found even after repeated exposure with 1000  $\mu\text{M}$ . In accordance with these  
459 findings, IBU detected in the corresponding supernatants was in the range 95-108%.

460

### 461 **3.2 Kinetic profile of IBU in PRH**

462 The analyses of cell culture media at  $t_0$  revealed that a mean of  $8.7 \pm 0.7 \mu\text{M}$  and  $85.3 \pm 10.3 \mu\text{M}$  were  
463 applied vs. a nominal concentrations of 10  $\mu\text{M}$  and 100  $\mu\text{M}$ , respectively, with a CV of 8-12% (N = 20  
464 per concentration).

465 At 10  $\mu\text{M}$  (low concentration) a similar IBU kinetic profile was observed on d0 and d13 both for the cell  
466 lysate and the supernatant compartments (Figure 2, A and B), indicating that the repeated treatment  
467 did not result in any saturation, inhibition or induction phenomena. A rapid and progressive  
468 intracellular uptake of IBU was evident from 2 min to 1 h. After a steady state from 1 to 3 h the amount

469 of IBU in the cell lysates decreased up to 24 h (Figure 2, A). In parallel, a non-proportional decrease  
470 was observed over time in the supernatant, indicating a steady state from 1 to 3 h followed by a drop  
471 to 3 and 12% of applied IBU at 24 h of d0 and d13, respectively (Figure 2, B). The non-quantitative  
472 correspondence between the decrease in the supernatants and the increase in the cell lysates over  
473 time was confirmed by the calculation of the mass balance (Figure 2, C), that is the total amount of  
474 IBU recovered in all the different compartments at a given time point, compared to the initially added  
475 amount. It indicated a "apparent" loss of IBU over time (striped bars in Figure 2, C), which could be  
476 attributed to biotransformation processes (slightly lower on d13).

477 At 100  $\mu$ M IBU (high concentration), the kinetic profile was similar (Figure 2, D and E): the low to high  
478 concentration ratio (1/10) was maintained in the IBU amount measured in cell lysates, increasing on  
479 both days from 2 min to 1 h. A steady state (1 to 3 h) followed and then a decrease to a minimum of  
480 ~6 and 13% at 24 h (d0 and d13, respectively) (Figure 2, D).

481 Figure 2 E illustrates the continuous decrease of IBU in the supernatant showing a steady state from 1  
482 to 3 h and a drop at 24 h to ~18 (day 0) and 36% (day 13) of the initial amount. The relative  
483 distribution in the different compartments again showed an apparent 'loss' in mass balance (Figure 2,  
484 F).

485

### 486 **3.3 Kinetic profile of IBU in PHH**

487 When the kinetic profile of IBU was followed in PHH, the different human donors were firstly evaluated  
488 individually rather than as biological replicates, due to high intra-individual variability. Although the  
489 absolute values were different, representing the expected variability among individuals, analysed  
490 donors exhibited a comparable trend: on this basis, distinct donors were handled as biological  
491 replicates.

492 This high variability (translated in high SD bars) was very likely attributed to differences in metabolism,  
493 although the hepatic pathology of the donors might also have contributed. In order to characterise the  
494 competence of PHH to metabolise IBU, some CYP specific activities were measured in PHH from

495 each donor (Table 4). Of particular interest was CYP2C9, which is the main CYP involved in IBU  
496 metabolism. PHH from Donor B1032 were expected to show a low level of oxidative IBU metabolism.  
497 Indeed, after 3 days of repeated exposure, a high degree of cytotoxicity was observed at both  
498 concentrations. As a result, the experiment with PHH from Donor B1032 was stopped because it did  
499 not meet the criteria set in the experimental design, i.e. high concentration corresponding to  $TC_{10}$ , thus  
500 assuming a nearly constant number of cells throughout the experimental treatment. As a  
501 consequence, biokinetic data reported on d13 included only samples from PHH from the Donors  
502 S1045 and B1050.

503 The mean IBU concentration at  $T_0$  was  $97.8 \pm 10.0 \mu\text{M}$  and  $803.7 \pm 78.6 \mu\text{M}$  vs the nominal  $100 \mu\text{M}$   
504 and  $1000 \mu\text{M}$ , respectively, with a CV of 2-20% with  $N = 20$  (for each concentration).

505 At  $100 \mu\text{M}$  (low concentration) no differences in IBU kinetic profile were evident between d0 and d13.  
506 IBU uptake by PHH was very rapid, reaching maximum values (5% of the applied concentration) after  
507 2 min at d0 and after 30 min at d13 (Figure 3, A). Subsequently, a steady state up to 3 h was followed  
508 by a decrease to a minimum of  $\sim 1\%$  at 24 h. IBU content in the PHH supernatant samples showed an  
509 almost continuous decrease over time with a less pronounced steady-state at early times. In no case  
510 the intracellular amount and the decrease in the supernatant were quantitatively correlated (Figure 3,  
511 B). The sum of the amount of IBU found in the cell lysates plus supernatants declined quite rapidly  
512 starting from the first time point on d0 (Figure 3, C); on d13 the decreasing rate was slower, but after  
513 24 h in both cases very low IBU values were attained ( $10.2 \pm 4.8\%$  on d0 and  $8.6 \pm 4.3\%$  on d13). As  
514 evidenced by the relative IBU distribution in the different compartments (Figure 3, C), IBU content in  
515 the cell lysate never exceeded 5%, the amount measured at the steady state, supporting the  
516 occurrence of a very efficient metabolism of the parent compound by PHH.

517 The kinetic profile in the cell lysate over 24 h for the PHH treated with  $1000 \mu\text{M}$  (high concentration;  
518 Figure 3, D) showed a different pattern; the high/low intracellular concentration ratio was  $> 10$  fold.  
519 After a very rapid uptake into the cells, at 2 min the amount of IBU remained at a constant level  
520 (around 1-3%) at d0; although very variable among donors, the trend was similar at d13. In contrast,

521 the supernatants revealed a slight decrease at earlier time points, (Figure 3, E), then IBU levels were  
522 almost constant up to 24 h. On d0 the relative distributions showed a decline in total recovered IBU  
523 from cells plus supernatant (Figure 3, F), but never below 50%. After repeated exposures, the 3 h time  
524 point corresponded to very low recovery and nearly no variability between samples and donors,  
525 contradicting results obtained both at previous time points as well as at 24 h, when results were  
526 consistent with the overall kinetic behaviour were obtained. The data at 3 h were interpreted as a  
527 technical problem, since at 24 h cell were perfectly viable and CYP2C9 activity was present (data not  
528 shown), therefore the low metabolic capacity at 24 h cannot be attributed to cytotoxicity. Under these  
529 conditions, the decrease in IBU mass balance was around 20-30% with most IBU recovered in the  
530 supernatant at 24 h, as shown by its relative distribution (squared bars in Figure 3, F). This suggested  
531 a saturation of IBU biotransformation at 1000  $\mu\text{M}$ , which could be expected at such a high  
532 concentration.

533

### 534 **3.4 Kinetic profile of IBU in HepaRG cells**

535 The actual IBU mean concentration in the media at  $t_0$  was  $7.8 \pm 1.2 \mu\text{M}$  and  $85.4 \pm 4.2 \mu\text{M}$  versus the  
536 nominal 10  $\mu\text{M}$  and 100  $\mu\text{M}$ , with a CV between 5 and 16% with  $N = 20$  (for each concentration).

537 In HepaRG cells treated with 10  $\mu\text{M}$  IBU, the uptake started at 30 min, reaching a plateau after 3-6 h  
538 (Figure 4, A). In the supernatant a continuous decrease in IBU content was measured both on d0 and  
539 d13, reaching a similar amount at 24 h (Figure 4, B). The relative distribution showed a continuous  
540 and constant decrease of IBU mass balance in the course of 24 h both on d0 and d13. Although the  
541 reduction rate was higher after repeated exposure (Figure 4, C), likely attributable to higher level of  
542 CYP2C9 on d13.

543 After treatment of HepaRG cells with 100  $\mu\text{M}$  IBU (high concentration), the measured kinetic profile  
544 was similar: in the cell compartment on d0 and d13 IBU content remained low, under 0.5 nmol/well  
545 (Figure 4, D). A gradual decrease in IBU content was observed in the supernatants on d0 higher on  
546 d13, but never quantitatively related to the increase in intracellular content (Figure 4, E). The total IBU

547 recovery showed a continuous decrease over time on both days (Figure 4, F), although significantly  
548 lower on d13. This suggests a possible increase in the CYP2C9-related biotransformation capacity of  
549 this cell model over time. The IBU amount in the supernatants was 10 fold higher than that measured  
550 at 10  $\mu$ M IBU, respecting the high/low concentration ratio, whereas it was < 10 in cell lysates.

551

### 552 **3.5 Pharmacokinetic Modelling**

553 Figure 5 shows the measured and modelled amount of IBU in the medium and cell lysates of PRH  
554 cultures over the repeated treatment of 14 days. Since IBU was applied daily, the concentration was  
555 reset to nominal medium concentrations every 24 h. It was assumed that IBU content in cell lysate  
556 corresponds to intracellular concentrations; the assumption was nevertheless reasonable, since,  
557 based on its low lipophilicity ( $\log K_{OW} = 0.8$  at pH 7.4), IBU is unlikely sequestered within membranes.  
558 The data were well matched by the model and fairly consistent across replicates. The various curves  
559 were very similar, showing that there was reasonable uncertainty in the model predictions (the  
560 estimate of residual uncertainty corresponded to a CV of 30%).

561 A dynamic equilibrium was reached already after the first day. The ratios  $Q_{cell}$  over  $Q_{med}$  were close to  
562 0.2, but the total cellular volume was about a 1000th of the medium volume, so the ratio of  
563 concentrations was about 200. As a result, cells had a 200 times higher IBU concentration than the  
564 medium.

565 A similar model fitted for PHH data is shown in Figure 6. The PHH from Donor B1032 proved to be  
566 very sensitive to IBU toxicity at the applied concentration, thus only data from the first day were  
567 obtained. Here, significant inter-individual variability was noted, thus a population approach was used  
568 to analyse the data deriving from PHH. The fits were quite good, but uncertainty (reflected by the  
569 spreading of the simulated curves) was as expected higher compared to PRH, resulting from  
570 underlying measurement errors and modelling approximations (the estimate of residual CV being  
571 40%). In two PHH donors, the intracellular quantity of IBU was noticeably higher than predicted. In the  
572 data sets of PHH from Donors S1045 and B1050, a dynamic equilibrium was reached practically on



573 d1, as previously seen in the modelling of the PRH data. The IBU amounts in PHH of the 100  $\mu\text{M}$   
574 group were underestimated by the model. This could be due to systematic error in IBU recovery, non-  
575 linearity in cellular uptake of efflux, lower metabolism at IBU low concentration, or some unknown  
576 mechanism. More data would be required to identify the actual cause of this observation.

577 The data and model fit for HepaRG cells are given in Figure 7. The applied model layout was similar to  
578 that previously described for PRH and PHH. As for the PHH data, the three replicates were analysed  
579 in a population framework, but reflecting inter-experiment variability instead of inter-individual  
580 differences between donors. There was a rather large proportion of non-detectable levels in the low-  
581 dose experiments with substantial uncertainty (residual uncertainty: CV = 45%). Furthermore, an  
582 underestimation of some data points at 10  $\mu\text{M}$  concentration in cell lysates was observed as  
583 previously observed for the PHH. These results seem however, globally consistent with those of the  
584 other two culture systems. For both PHH and HepaRG cells, the ratios  $Q_{\text{cell}}$  over  $Q_{\text{med}}$  were close to  
585 0.01, indicating that those cells had only a 10 times higher IBU concentration compared to the medium  
586 – that is much less than in PRH, likely due to more efficient metabolism.

587 The posterior parameter distributions obtained after MCMC sampling for the "average" parameters are  
588 summarised in Table 5. They characterise the kinetic behaviour observed an average experiment for  
589 PRH or HepaRG cells, or of the cells of an average donor in PHH. Given the dose assayed in the  
590 various systems and the cell capabilities, we could estimate a maximum rate of metabolism only in  
591 PHH. The low-dose metabolic clearances,  $V_{\text{max}} / K_m$ , could be estimated in all systems with very good  
592 precision in PRH (5% CV) and less so in PHH and HepaRG (50% CV). The PRH have clearly lower  
593 clearance rates, which explained the much higher IBU concentrations observed in those cells.  
594 Clearance rates were similar for the different human cells, given the significant variability between  
595 donors and experiments. In HepaRG cells, metabolic clearance is known to increase with time, and  
596 we estimated (slope parameter  $\alpha$ ) that it was about 60% higher after 14 days compared to the start  
597 (Table 5).

598

#### 599 4 Discussion

600 To overcome the imbalance between rising costs and declining approvals of new drugs, the  
601 pharmaceutical industry is under pressure to improve the effectiveness of the drug development  
602 process, and reduce the current high attrition rates. Toxicity testing is crucial, but represents a time-  
603 and resource-consuming step; in addition human ADRs to the liver are often difficult to predict with  
604 existing animal models. These considerations, besides the ethical considerations related to the use of  
605 laboratory animals, promote the development of more suitable *in vitro* methods. This paper addresses  
606 the importance of measuring *in vitro* biokinetics, generally not taken into account even in well-  
607 established experimental *in vitro* models, in order to improve the predictability of *in vitro* data, and to  
608 be used as input in PBPK models (Coecke et al., 2013). We used three different hepatic cellular  
609 systems, with IBU as a model compound.

610 IBU is a widely used as analgesic/antipyretic agent, available by prescription and over-the-counter; at  
611 therapeutic doses it is reported, although rarely, to induce ADRs to the liver (Bennett et al., 2009;  
612 Rodríguez-González et al., 2002; Laurent et al., 2000). Among them, sub-acute hepatic failure,  
613 hepatitis C cases and significant increase in transaminases (O'Connor et al., 2003). In humans, the  
614 first step in IBU metabolism is catalysed by CYP2C9 and to a lower extent by 2C8 (Chang et al.,  
615 2008), to form 2-Hydroxy-IBU and Carboxy-IBU, as major detoxification metabolites (Hamman et al.,  
616 1997). The rat CYP2c6 and 2c11, orthologs of human CYP2C9 (Vecera et al., 2011), are thought to  
617 be involved in these oxidative reactions (Hu et al., 2011; Kapil et al., 2004). IBU and its oxidative non-  
618 toxic metabolites are conjugated with glucuronic acid by different UGTs *in vitro* in rat or human  
619 hepatocytes (Dong and Smith, 2009) and *in vivo* (Spraul et al., 1992) and then excreted, mainly in  
620 urine.

621 As the first step we checked factors possibly affecting the bioavailability of IBU under the experimental  
622 conditions used, and showed that IBU was readily soluble and chemically stable, neither cross-  
623 contamination among wells nor adsorption to plastic devices occurred. The use of FBS or albumin in  
624 the medium was reduced to a minimum, i.e. not affecting IBU recovery or total bioavailability.

625 Furthermore, no IBU was physically sequestered into the Geltrex™ used in PHH SW culture. By  
626 contrast, we found a time- and concentration-dependent amount of IBU in collagen I used in PRH  
627 cultures. This finding was relevant because physically sequestered IBU could be assumed as  
628 intracellular content, and erroneously interpreted as bioaccumulation.

629 The study design was similar to that of the *in vivo* kinetic testing (OECD Test Guideline 417). The  
630 comparison of kinetic behaviour obtained between single and repeated treatments allowed the study  
631 of inhibition, saturation or induction of cellular influx/efflux, metabolism and bioaccumulation  
632 processes.

633 The used 100 µM IBU corresponds to 20.6 µg/mL, which approximates the recently reported human  
634 peak plasma concentration ( $C_{max} = 22.6 \pm 5.6$  µg/mL) measured upon oral intake of 400 mg IBU  
635 (Vilenchik et al., 2012) in the low range of therapeutic doses. Hence, the cross-model comparison of  
636 the three hepatic systems was conducted at 100 µM IBU.

637 The obtained modelled results showed a coherent picture for IBU *in vitro* biokinetics across the three  
638 models: (i) IBU quickly entered cells; (ii) after multiple exposures a dynamic equilibrium was reached  
639 within one or two days; (iii) the decrease in the medium was not quantitatively related to the increase  
640 in the cell lysate fractions. All three models showed a significant capacity in metabolising IBU;  
641 therefore, cells removed (by biotransformation) the parent compound in 24 h, resulting in no  
642 bioaccumulation after daily treatment for 14 days This is in line with information from *in vivo*  
643 pharmacokinetic data in humans showing that 60% of a given dose was excreted within the first 24 h  
644 (Adams et al., 1969). Although the experimental data were available only on d0 and d13, modelling  
645 allowed the prediction of the daily kinetic behaviour along the treatment period.

646 The uptake of IBU was likely due to passive transport through the cell membrane, being very rapid  
647 and not saturable: and assumed to be a "first order" kinetic process. Our assumption was supported  
648 by experiments conducted on Caco2 cells indicating a passive transport (data not shown) and by data  
649 showing that in rats IBU is an Oatp1a1 inhibitor (Zhang et al., 2013) and in human cells IBU inhibits  
650 OATP1B1 or OATP1B3, without being a substrate (Kindal et al., 2011). The modelling showed that

651 cellular uptake was much faster compared to its output; since, once entered, the drug was rapidly  
652 metabolised, the efflux back in the medium compartment, if any, was considered negligible. An initial  
653 slower intracellular uptake characterised HepaRG cells (paralleled by a slower decrease of IBU  
654 content in the medium fraction, Figure 8 B at d0). It could be attributed to the presence of 2% FBS in  
655 the medium binding IBU. However, considering protein binding as a fast process, despite the cell  
656 uptake rate was initially slower, the total amount of IBU entering the cells within 24h was the same  
657 (>90% IBU "lost" in the mass balance estimate). The consequence could be a slight overestimation in  
658 the HepaRG clearance.

659 After single exposure, the steady state was reached rapidly in PHH (2-30min) > PRH (1-3h) >  
660 HepaRG (3-6h). The higher intracellular concentration detected in PRH than in human derived cells  
661 (Figure 8 A, C) at the steady state could be due to the different metabolic clearance rates, which in the  
662 rat model are one order of magnitude lower compared to the human-derived cells (Table 5). The  
663 difference in metabolic clearance was shown also *in vivo* (Adams et al., 1969), with a more efficient  
664 IBU metabolism in humans compared to the rat.

665 The HepaRG cells showed lower IBU concentrations in the cell lysates than PHH, particularly after  
666 repeated treatment. This could be due, at least partially, to the 60% increase over time of IBU  
667 metabolic clearance in HepaRG cells (Table 5) which was not a compound-specific effect. Indeed,  
668 higher levels of CYP2C9 activity at 14 days of culture have been reported (Anthérieu et al., 2010) as  
669 well as for other CYPs (Jossé et al., 2008). In addition, transcriptomics measurements indicated no  
670 significant increase in CYP2C9 mRNA indicative of induction by IBU treatment, although few genes  
671 involved in drug metabolism were increased in control cells on d13 (data not shown). The absence of  
672 induction throughout the course of repeated exposure in the three models was in accordance with *in*  
673 *vivo* data (Mills et al., 1973).

674 The efficiency of IBU metabolism seemed to be a strong determinant for its toxicity in hepatocytes.  
675 Here, PRH, with a slower metabolic clearance, showed a higher toxicity compared to PHH although,  
676 due to the high inter-individual variability in PHH, the obtained TC<sub>10</sub> cannot be considered as

677 representative of the average human population. Indeed, PHH from Donor B1032, characterised by  
678 low CYP2C9 activity and thus, by a low IBU detoxification, experienced a high cytotoxicity, leading to  
679 experiment termination after 3 days. It is unclear why TC<sub>10</sub> in HepaRG was lower than PHH and  
680 similar to PRH, although having a much higher metabolic clearance. A possible explanation, beside  
681 the lower number of cells (50% of the population is made of biliary cells) is a different balance  
682 between phase-1 and phase-2 metabolism in the three models. Although not measured and modelled  
683 in this work, glucuronidation has been also shown to play a role in the metabolic disposition of most  
684 'profens' Since species differences have been described in glucuronidation rates in liver microsomes  
685 (rate ranking: man, monkey, dog, rabbit and rat) (Magdalou et al., 1990), phase 2 metabolism may  
686 contribute to differences in the total biotransformation as well as to IBU-induced toxicity among  
687 species and between the human-derived models. Indeed, 'profen'-acyl glucuronides have been shown  
688 to form covalent protein adducts in rat hepatocytes (Dong and Smith, 2009), contributing to hepatic  
689 toxicity. Although IBU is glucuronidated less efficiently than other compounds of the same family  
690 (Magdalou et al., 1990) and IBU-acyl glucuronides are considered less reactive among those formed  
691 with other 'profens' (Castillo et al., 1995), their higher formation in the PHH from Donor B1032, due to  
692 the scant CYP2C9 activity, may be responsible for the pronounced toxicity.

693 Here, the disappearance of the parent compound over time was used as a measure for metabolic  
694 clearance. The detection of the different metabolites, including glucuronides, would have delivered  
695 valuable additional information whether DMEs are differentially active in the three *in vitro* systems,  
696 accounting for the observed differences. The use of DME-phenotyped PHH could further help in the  
697 full understanding of metabolism-related IBU toxicity. Overall, the observed metabolism-dependent  
698 toxicity could be a hint to the rather idiosyncratic nature of IBU-induced liver injury in patients (Bennett  
699 et al., 2009; Rodríguez-González et al., 2002; Laurent et al., 2000).

700 The importance of the intracellular concentration for concentration-response extrapolations was  
701 comprehensively described by Groothuis et al. (2013). Here we provide evidence that the use of  
702 nominal concentrations would have resulted in an overestimation of the actual treatment (up to 20%).

703 More importantly, the content in the cell lysates over time appeared to be different in the three hepatic  
704 models tested. The disappearance of the test item in the culture medium which was, from a technical  
705 point of view, less demanding than testing the cell lysate fraction, showed no major differences in the  
706 three hepatocyte models after repeated treatment. Hence, monitoring the biokinetic profile in this  
707 single compartment did not allow the drawing of any clear conclusions. Consequently, the  
708 measurement of the compound in the cell lysates and the calculation of the relative distributions using  
709 mass balance values, were crucial parameters to be monitored.

710 Overall, in terms of species-differences, our data reflected the *in vivo* situation. Here, consideration of  
711 dose-normalised pharmacokinetic parameters such as  $C_{max}$  (rat < human),  $T_{max}$  (rat < human) and  $t_{1/2}$   
712 (rat ~ human) revealed that at 100  $\mu$ M IBU was metabolised as *in vivo* more efficiently in humans  
713 compared to rats (Hu et al.,2011; Kapil et al., 2004; Teng et al., 2003; Adeyeye et al., 1996). Although  
714 PRH appeared to give reproducible results, as expected by the species-specificity, IBU intracellular  
715 concentration in PRH did not correspond to IBU intracellular concentrations found in human cells  
716 under similar exposure conditions, suggesting a poor predictivity from this species. A high variability  
717 was shown by PHH from the different donors, although modelling made it possible to account for (and  
718 in reduce) variability between donors. The residual uncertainty (Table 5 and in model prediction  
719 Figures) was overall about 10%. The number of donors tested was limited, but the use of an  
720 appropriately higher number of donors could provide an estimate of human variability, which may be  
721 considered an advantage, representing the inter-individual differences observed clinically. HepaRG  
722 cells gave very reproducible data and although a large population (~50%) of non-metabolising biliary  
723 cells is present, they did not bioaccumulate IBU. This was in line with previous data showing that  
724 cryopreserved HepaRG cells are a valuable tool for kinetic prediction of CYP substrates (Zanelli et al.,  
725 2012).

726

## 727 **5 Conclusion**

728 The consideration of the biokinetic profiles could help explaining specific observations, i.e.  
729 transcriptome, proteome and enzyme induction/inhibition, and support a more holistic biological  
730 interpretation. Biokinetics is the link between the applied dose and the observed effects. Modelling  
731 these effects taking into account the time course of concentrations is at the root of time-based  
732 simulations of effects, i.e. pharmacokinetic/pharmacodynamic (PKPD) modelling, allowing one to  
733 make predictions from *in vitro* to *in vivo* effects. Finally, the transformation of an *in vitro* NOAEC to a  
734 relevant *in vivo* NOAEL would greatly benefit drug discovery and reduce the chance of hepatotoxic  
735 compounds making it through to clinical trials or on to the market.

736

### 737 **Acknowledgements**

738 The authors would like to thank the European Commission Seventh Framework Programme (Project  
739 reference: 202222) for financial support. The administrative and organisation skills of Hannelore Popa-  
740 Henning are also much appreciated.

741

742 **References**

- 743 Adams SS, Bough RG, Cliffe EE, Lessel B, Mills RF (1969) Absorption, distribution and toxicity of  
744 ibuprofen. *Toxicol Appl Pharmacol* 15: 310-30.
- 745 Adeyeye CM, Bricker JD, Vilivalam VD, Smith WI (1996) Acute gastrointestinal toxic effects of  
746 suspensions of unencapsulated and encapsulated ibuprofen in rats. *Pharm Res* 13: 784-93.
- 747 Adler S, Basketter D, Creton S, Pelkonen O, van Benthem J, Zuang V, Andersen KE, Angers-Loustau  
748 A, Aptula A, Bal-Price A, Benfenati E, Bernauer U, Bessems J, Bois FY, Boobis A, Brandon E,  
749 Bremer S, Broschard T, Casati S, Coecke S, Corvi R, Cronin M, Daston G, Dekant W, Felter S,  
750 Grignard E, Gundert-Remy U, Heinonen T, Kimber I, Kleinjans J, Komulainen H, Kreiling R,  
751 Kreysa J, Leite SB, Loizou G, Maxwell G, Mazzatorta P, Munn S, Pfuhrer S, Phrakonkham P,  
752 Piersma A, Poth A, Prieto P, Repetto G, Rogiers V, Schoeters G, Schwarz M, Serafimova R,  
753 Tahti H, Testai E, van Delft J, van Loveren H, Vinken M, Worth A, Zaldivar JM (2011) Alternative  
754 (non-animal) methods for cosmetics testing: current status and future prospects-2010. *Arch*  
755 *Toxicol* 85: 367-485.
- 756 Alexandre E, Baze A, Parmentier C, Desbans C, Pekthong D, Gerin B, Wack C, Bachellier P, Heyd B,  
757 Weber JC, Richert L (2012) Plateable cryopreserved human hepatocytes for the assessment of  
758 cytochrome P450 inducibility: experimental condition-related variables affecting their response to  
759 inducers. *Xenobiotica* 42: 968-79.
- 760 Aninat C, Piton A, Glaise D, Le Charpentier T, Langouët S, Morel F, Guguen-Guillouzo C, Guillouzo A  
761 (2006) Expression of cytochromes P450, conjugating enzymes and nuclear receptors in human  
762 hepatoma HepaRG cells. *Drug Metab Dispos* 34: 75-83.
- 763 Anthérieu S, Chesné C, Li R, Camus S, Lahoz A, Picazo L, Turpeinen M, Tolonen A, Uusitalo J,  
764 Guguen-Guillouzo C, Guillouzo A (2010) Stable expression, activity, and inducibility of  
765 cytochromes P450 in differentiated HepaRG cells. *Drug Metab Dispos*. 38: 516-25.
- 766 Anthérieu S, Chesné C, Li R, Guguen-Guillouzo C, Guillouzo A (2012) Optimization of the HepaRG  
767 cell model for drug metabolism and toxicity studies. *Toxicol In vitro* 26: 1278-85.
- 768 Armitage JM, Wania F, and Arnot JA (2014) Application of mass balance models and the chemical  
769 activity concept to facilitate the use of *in vitro* toxicity data for Risk Assessment. *Environ. Sci.*  
770 *Technol.* 48: 9770–9779
- 771 Bauer RJ, Guzy S, Ng C (2007) A survey of population analysis methods and software for complex  
772 pharmacokinetic and pharmacodynamic models with examples. *AAPS J9*: E60-83.
- 773 Bennett WE Jr, Turmelle YP, Shepherd RW (2009) Ibuprofen-induced liver injury in an adolescent  
774 athlete. *Clin Pediatr (Phila)* 48: 84-6.
- 775 Bois FY (2009) GNU MCSim: Bayesian statistical inference for SBML-coded systems biology models.  
776 *Bioinformatics* 25: 1453-4.
- 777 Bois FY, Jamei M, Clewell HJ (2010) PBPK modelling of inter-individual variability in the  
778 pharmacokinetics of environmental chemicals. *Toxicology* 278: 256-67.
- 779 Castillo M, Lam YW, Dooley MA, Stahl E, Smith PC. (1995) Disposition and covalent binding of  
780 ibuprofen and its acyl glucuronide in the elderly. *Clin Pharmacol Ther.* 57:636-44.
- 781 Cerec V, Glaise D, Garnier D, Morosan S, Turlin B, Drenou B, Gripon P, Kremsdorf D, Guguen-  
782 Guillouzo C, Corlu A (2007) Transdifferentiation of hepatocyte-like cells from the human  
783 hepatoma HepaRG cell line through bipotent progenitor. *Hepatology* 45: 957-67.
- 784 Chang SY, Li W, Traeger SC, Wang B, Cui D, Zhang H, Wen B, Rodrigues AD (2008) Confirmation  
785 that cytochrome P450 2C8 (CYP2C8) plays a minor role in (S)-(+)- and (R)-(-)-ibuprofen  
786 hydroxylation *in vitro*. *Drug Metab Dispos* 36: 2513-22.
- 787 Coecke S, Pelkonen O, Leite SB, Bernauer U, Bessems JG, Bois FY, Gundert-Remy U, Loizou G,  
788 Testai E, Zaldivar JM (2013) Toxicokinetics as a key to the integrated toxicity risk assessment  
789 based primarily on non-animal approaches. *Toxicol In vitro* 27: 1570-7.
- 790 Dong JQ, and Smith PC (2009) Glucuronidation and covalent protein binding of benoxaprofen and  
791 flunoxaprofen in sandwich-cultured rat and human hepatocytes. *Drug Metab Dispos* 37: 2314-  
792 2322.



793 Gelman A and Rubin DB (1992) Inference from Iterative Simulation Using Multiple Sequences.  
794 Statistical Sciences 7: 457–511.

795 Gelman A, Bois F, Jiang J (1996) Physiological pharmacokinetic analysis using population modeling  
796 and informative prior distributions. Journal of the American Statistical Association 91: 1400-1412.

797 Gripon P, Rumin S, Urban S, Le Seyec J, Glaise D, Cannie I, Guyomard C, Lucas J, Trepo C,  
798 Guguen-Guillouzo C (2002) Infection of a human hepatoma cell line by hepatitis B virus. Proc Natl  
799 Acad Sci U S A 99: 15655-60.

800 Groothuis FA, Heringa MB, Nicol B, Hermens JL, Blaauboer BJ, Kramer NI (2013) Dose metric  
801 considerations in *in vitro* assays to improve quantitative *in vitro-in vivo* dose extrapolations.  
802 Toxicology. In press. doi: 10.1016/j.tox.2013.08.012.

803 Guillouzo A (1998) Liver cell models in *in vitro* toxicology. Environ Health Perspect 106: 511-32.

804 Guelden M, Moerchel S, Seibert H (2001) Factors influencing nominal effective concentrations of  
805 chemical compounds *in vitro*: cell concentration. Toxicol *In vitro* 15: 233-43.

806 Guelden M, Jess A, Kammann J, Maser E, Seibert H (2010) Cytotoxic potency of H<sub>2</sub>O<sub>2</sub> in cell  
807 cultures: impact of cell concentration and exposure time. Free Radic Biol Med 49: 1298-305.

808 Hamman MA, Thompson GA, Hall SD (1997) Regioselective and stereoselective metabolism of  
809 ibuprofen by human cytochrome P450 2C. Biochem Pharmacol 54: 33-41.

810 Hassan AS, Sapin A, Ubrich N, Maincent P, Bolzan C, Leroy P (2008) Simple and sensitive HPLC  
811 method with fluorescence detection for the measurement of ibuprofen in rat plasma: application to  
812 a long-lasting dosage form. Drug Dev Ind Pharm 34: 1064-70.

813 Hewitt NJ, Gomez-Lechon MJ, Houston JB, Hallifax D, Brown HS, Maurel P, Kenna JG, Gustavsson  
814 L, Lohmann C, Skonberg C, Guillouzo A, Tuschl G, Li AP, LeCluyse E, Groothuis GM, and  
815 Hengstler JG (2007) Primary hepatocytes: current understanding of the regulation of metabolic  
816 enzymes and transporter proteins, and pharmaceutical practice for the use of hepatocytes in  
817 metabolism, enzyme induction, transporter, clearance, and hepatotoxicity studies. Drug Metab  
818 Rev 39: 159-234.

819 Hu L, Yang J, Liu W, Li L (2011) Preparation and evaluation of ibuprofen-loaded microemulsion for  
820 improvement of oral bioavailability. Drug Deliv 18: 90-5.

821 Jossé R, Aninat C, Glaise D, Dumont J, Fessard V, Morel F, Poul JM, Guguen-Guillouzo C, Guillouzo  
822 A (2008) Long-term functional stability of human HepaRG hepatocytes and use for chronic toxicity  
823 and genotoxicity studies. Drug Metab Dispos 36: 1111-8.

824 Kanebratt KP, Andersson TB (2008) Evaluation of HepaRG cells as an *in vitro* model for human drug  
825 metabolism studies. Drug Metab Dispos 36: 1444-52.

826 Kapil R, Nolting A, Roy P, Fiske W, Benedek I, Abramowitz W (2004) Pharmacokinetic properties of  
827 combination oxycodone plus racemic ibuprofen: two randomized, open-label, crossover studies in  
828 healthy adult volunteers. Clin Ther 26: 2015-25.

829 Kindla J, Müller F, Mieth M, Fromm M.F., and Koenig J (2011) Influence of non-steroidal anti-  
830 inflammatory drugs on organic anion transporting polypeptide OATP1B1- and OATP1B3-  
831 mediated drug transport. Drug Metab Dispos 39:1047–1053.

832 Kola I, Landis J (2004) Can the pharmaceutical industry reduce attrition rates? Nat Rev Drug Discov 3:  
833 711-5.

834 Kramer NI, Krismartina M, Rico-Rico A, Blaauboer BJ, Hermens JLM (2012). Quantifying processes  
835 determining the free concentration of phenanthrene in basal cytotoxicity assays. Chem. Res.  
836 Toxicol. 25: 436–445.

837 Laurent S, Rahier J, Geubel AP, Lerut J, Horsmans Y (2000) Subfulminant hepatitis requiring liver  
838 transplantation following ibuprofen overdose. Liver 20: 93-4.

839 Lecluyse EL and Alexandre E (2010) Isolation and culture of primary hepatocytes from resected  
840 human liver tissue. Methods Mol Biol 640: 57-82.

841 Lodish H, Berk A, Matsudaira P, Kaiser CA, Krieger M, Scott MP, Zipursky L, and Darnell J (2000)  
842 Molecular Cell Biology, fifth ed. Freeman, New York.

843 Magdalou J, Chajes V, Lafaurie C and Siest G (1990) Glucuronidation of 2-arylpropionic acids  
844 pirofen, flurbiprofen, and ibuprofen by liver microsomes. Drug Metab Dispos 18: 692-697.

845 Mills RF, Adams SS, Cliffe EE, Dickinson W, Nicholson JS (1973) The metabolism of ibuprofen.  
846 Xenobiotica 3: 589-98.

847 O'Connor N, Dargan PI, Jones AL (2003) Hepatocellular damage from non-steroidal anti-inflammatory  
848 drugs. QJM 96: 787-91.

849 Parmentier C, Truisi GL, Moenks K, Stanzel S, Lukas A, Kopp-Schneider A, Alexandre E, Hewitt PG,  
850 Mueller SO, Richert L (2013) Transcriptomic hepatotoxicity signature of chlorpromazine after  
851 short- and long-term exposure in primary human sandwich cultures. Drug Metab Dispos 41: 1835-  
852 42.

853 Pomponio G, Savary C, Parmentier C, Bois F, Guillozo A, Romanelli L, Richert L, Di Consiglio E,  
854 Testai E. (2014) *In vitro* kinetics of amiodarone and its major metabolite in two human liver cell  
855 models after acute and repeated treatments. Toxicol. *in vitro* Accepted for publication.

856 Rainsford KD (2009) Ibuprofen: pharmacology, efficacy and safety. Inflammopharmacology 17: 275-  
857 342.

858 Rodríguez-González FJ, Montero JL, Puente J, Fraga E, Costán G, Barrera P, Muntané J, De la Mata  
859 M, Zambrana JL (2002) Orthotopic liver transplantation after subacute liver failure induced by  
860 therapeutic doses of ibuprofen. Am J Gastroenterol 97: 2476-7.

861 Seglen PO (1976) Preparation of isolated rat liver cells. Methods Cell Biol 13: 29-83.

862 Seibert H, Moerchel S, Guelden M (2002) Factors influencing nominal effective concentrations of  
863 chemical compounds *in vitro*: medium protein concentration. Toxicol *In vitro* 16: 289-97.

864 Shanks N, Greek R, Greek J (2009) Are animal models predictive for humans? Philos Ethics Humanit  
865 Med 4: 2.

866 Spraul M, Hofmann M, Dvortsak P, Nicholson JK, Wilson ID (1992) Liquid chromatography coupled  
867 with high-field proton NMR for profiling human urine for endogenous compounds and drug  
868 metabolites. J Pharm Biomed Anal 10: 601-5.

869 Teng XW, Wang SW, Davies NM (2003) Stereospecific high-performance liquid chromatographic  
870 analysis of ibuprofen in rat serum. J Chromatogr B Analyt Technol Biomed Life Sci 796: 225-31.

871 Tirelli V, Catone T, Turco L, Di Consiglio E, Testai E, De Angelis I (2007) Effects of the pesticide  
872 clorpyrifos on an *in vitro* model of intestinal barrier. Toxicol *In vitro* 21: 308-13.

873 Tuschl G, Lauer B, Mueller SO (2008) Primary hepatocytes as a model to analyze species-specific  
874 toxicity and drug metabolism. Expert Opin Drug Metab Toxicol 4: 855-70.

875 Tuschl G, Hrach J, Walter Y, Hewitt PG, Mueller SO (2009) Serum-free collagen sandwich cultures of  
876 adult rat hepatocytes maintain liver-like properties long term: a valuable model for *in vitro* toxicity  
877 and drug-drug interaction studies. Chem Biol Interact 181: 124-37.

878 Večeřa R, Zachařová A, Orolin J, Strojil J, Skottová N, Anzenbacher P (2011) Fenofibrate-induced  
879 decrease of expression of CYP2C11 and CYP2C6 in rat. Biopharm Drug Dispos 32: 482-7.

880 Vilenchik R, Berkovitch M, Jossifoff A, Ben-Zvi Z, Kozer E (2012) Oral versus rectal ibuprofen in  
881 healthy volunteers. J Popul Ther Clin Pharmacol 19: e179-86.

882 Wilmes A, Limonciel A, Aschauer L, Moenks K, Bielow C, Leonard MO, Hamon J, Carpi D, Ruzek S,  
883 Handler A, Schmal O, Herrgen K, Bellwon P, Burek C, Truisi GL, Hewitt P, Di Consiglio E, Testai  
884 E, Blaauboer BJ, Guillou C, Huber CG, Lukas A, Pfaller W, Mueller SO, Bois FY, Dekant W,  
885 Jennings P (2013) Application of integrated transcriptomic, proteomic and metabolomic profiling  
886 for the delineation of mechanisms of drug induced cell stress. J Proteomics 79: 180-94.

887 Zanelli U, Caradonna NP, Hallifax D, Turlizzi E, Houston JB (2012) Comparison of cryopreserved  
888 HepaRG cells with cryopreserved human hepatocytes for prediction of clearance for 26 drugs.  
889 Drug Metab Dispos 40: 104-10.

890 Zhang A, Wang C, Liu Q, Meng Q, Peng J, Sun H, Ma X, Huo X, and Liu K (2013) Involvement of  
891 organic anion-transporting polypeptides in the hepatic uptake of dioscin in rats and humans Drug  
892 Metab Dispos 41:994–1003.

894

895 **Figure Legends**

896 Figure 1. Schematic representation of the three-compartment model used for ibuprofen *in vitro*  
897 pharmacokinetics.

898

899 Figure 2. Kinetic profile of ibuprofen (IBU) (nmol/well) in primary rat hepatocytes (PRH) (A, D) and  
900 culture supernatants (B, E) after single (day 0 (d0) – dashed line) and repeated (day 13 (d13) – solid  
901 line) treatment with 10  $\mu$ M IBU (A, B) or 100  $\mu$ M IBU (D, E). Relative distribution (%) of IBU in the  
902 different analysed PRH fractions at the indicated time points for d0 and d13, supernatant (squared)  
903 and cell lysate (blank) as well as the apparent loss (striped) for the low concentration (10  $\mu$ M, C) and  
904 high concentration (100  $\mu$ M, F). Values are given as mean of three biological replicates +/- SD  
905 (standard deviation); each sample was run in two technical replicates. The significance of the results  
906 was analysed by the Student t test ( $p < 0.05$ ): the letter a indicates statistically significant differences  
907 between each data point and the first time point; the letter b indicates statistically significant  
908 differences between each data point and the immediately precedent time point.

909

910 Figure 3. Kinetic profile of ibuprofen (IBU) (nmol/well) in primary human hepatocytes (PHH) (A, D) and  
911 culture supernatants (B, E) after single (day 0 (d0) – dashed line) and repeated (day 13 (d13) – solid  
912 line) treatment with 100  $\mu$ M IBU (A, B) or 1000  $\mu$ M IBU (D, E). Relative distribution (%) of IBU in the  
913 different analysed PHH fractions at the indicated time points for d0 and d13, supernatant (squared)  
914 and cell lysate (blank) as well as the apparent loss (striped) for the low concentration (100  $\mu$ M, C) and  
915 high concentration (1000  $\mu$ M, F). As the PHH from Donor B1032 evidenced a high cytotoxicity after 3  
916 days of treatment with IBU, values are given as mean of two (d13) or three (d0) biological replicates  
917 +/- SD; each sample was run in two technical replicates.

918

919 Figure 4. Kinetic profile of ibuprofen (IBU) (nmol/well) in HepaRG cells (A, D) and culture supernatants  
920 (B, E) after single (day 0 (d0) – dashed line) and repeated (day 13 (d13) – solid line) treatment with

921 10 $\mu$ M IBU (A, B) or 100 $\mu$ M IBU (D, E). Relative distribution (%) of IBU in the different analysed  
922 HepaRG cell fractions at the indicated time points for d0 and d13, supernatant (squared) and cell  
923 lysate (blank) as well as the apparent loss (striped) for the low concentration (10  $\mu$ M, C) and high  
924 concentration (100  $\mu$ M, F). Values are given as mean of three biological replicates +/- SD; each  
925 sample was run in two technical replicates. The significance of results was analysed by the Student t  
926 test ( $p < 0.05$ ): the letter a indicates statistically significant differences between each data point and the  
927 first time point; the letter b indicates statistically significant differences between each data point and  
928 the immediately precedent time point.

929

930 Figure 5. Amount of ibuprofen (IBU) in nmol, measured in the medium (triangles) and cell lysates  
931 (circles) of primary rat hepatocytes (PRH) cultures, superimposed with the best (maximum posterior)  
932 fit of the three-compartment pharmacokinetic model (thick black line) and a set of predictions  
933 generated from random set of posterior parameter values (thin black lines). IBU was applied daily at  
934 either high (100  $\mu$ M corresponding to 150-200 nmol per day; top row A) or low concentration (10  $\mu$ M  
935 corresponding to 15-20 nmol per day; bottom row B). Three biological replicates were analysed (in  
936 column, 1-3).

937

938 Figure 6. Amount of ibuprofen (IBU) in nmol measured in the medium (triangles) and cell lysates  
939 (circles) of primary human hepatocytes (PHH) cultures, superimposed with the best (maximum  
940 posterior) fit of the three-compartment pharmacokinetic model (thick black line) and a set of  
941 predictions generated from random set of posterior parameter values (thin black lines). IBU was  
942 applied daily at either high (1000  $\mu$ M corresponding to 1.5-2  $\mu$ mol per day; top row A) or low  
943 concentration (100  $\mu$ M corresponding to 150-200 nmol per day; bottom row B). Three donors were  
944 analysed (in column, 1-3) in population pharmacokinetic framework. Experiment with PHH from Donor  
945 B1032 was stopped, due to the toxicity of IBU to those cells.

946

947 Figure 7. Amount of ibuprofen (IBU) in nmol measured in the medium (triangles) and cell lysates  
948 (circles) of HepaRG cultures, superimposed with the best (maximum posterior) fit of the three-  
949 compartment pharmacokinetic model (thick black line) and a set of predictions generated from random  
950 set of posterior parameter values (thin black lines). IBU was applied daily at either high (150-200nmol  
951 per day; top row A) or low concentration (10-20nmol per day; bottom row B). Three replicate  
952 experiments were analysed (in column, 1-3) in population pharmacokinetic framework.

953

954 Figure 8. Cross model comparison between primary rat hepatocytes (PRH) (dashed line), primary  
955 human hepatocytes (PHH) (squares, solid line) and HepaRG cells (triangles, solid line): Biokinetic  
956 profile of ibuprofen (IBU) (nmol/well) in cell lysates (A, C) and culture supernatants (B, D) after single  
957 (day 0 (d0) – upper panel: A, B) and repeated (day 13 (d13) – lower panel: C, D) treatment with 100  
958  $\mu$ M IBU. The five time point correspond to 2 min, 30 min, 1 h, 3 h and 24 h for PRH and PHH, and 30  
959 min, 3 h, 6 h, 12 h and 24 h for HepaRG cells. Values are given as mean of three biological replicates  
960 +/- SD; each sample was run in two technical replicates.

961

962 **Tables**

963 Table 1. Detailed information on the donors of liver resections utilised within this study.

<b>Donor</b>	<b>Sex</b>	<b>Age</b>	<b>Pathology</b>	<b>Medication</b>
S0302V <sup>a</sup>	Male	61	Sigmoid adenocarcinoma	Lypanthyl, Stagid, Cotareg, Insulin, Sotalex
B1032	Male	42	Echinococcosis alveolaris	none
S1045	Male	75	Hepatic tumor	Atenolol, Kardegic, Ramipril, Inspra, Rasilez
B1050	Male	63	Hydatid Cyst	none

964

965 <sup>a</sup> This sample was used only for a preliminary assessment of IBU cytotoxicity. It was not further used  
966 for the kinetic experiments,

967

968 Table 2. Ibuprofen (IBU) concentrations applied to primary rat hepatocytes (PRH) cultures in different  
969 conditions for determination of the concentration that causes 10% cytotoxicity.

<b>Culture condition</b>	<b>[IBU] in <math>\mu\text{M}</math></b>					
<b>96-well (ML – 24h)</b>	500	1000	1500	2000	3500	5000
<b>24-well (SW – 1, 3, 14d)</b>	1	10	100	500	1000	2000
<b>6-well (SW – 14d)</b>	10	500	1000			

970

971

972 Table 3. IBU sequestered by collagen I used for primary rat hepatocytes (PRH) long-term cultures.

IBU in %			
d0	2 min	1.6 ± 1.3	3.4 ± 0.4
		(101.3 ± 1.3)	(98.2 ± 0.3)
	24 h	13.6 ± 2.7	15.1 ± 0.9
		(97.6 ± 5.8)	(103.4 ± 2.2)
d13	2 min	29.3 ± 0.6	28.5 ± 1.3
		(94.3 ± 3.1)	(99.8 ± 5.6)
	24 h	31.4 ± 3.0	26.4 ± 1.7
		(104.3 ± 0.9)	(106.3 ± 1.7)
	<b>Nominal concentration</b>	<b>IBU 10µM</b>	<b>IBU 100µM</b>

973

974 Values are given in per cent of IBU detected in collagen I, compared with IBU detected in cell media at  
 975 T<sub>0</sub>. Figures in parentheses are the total IBU recovery (media + collagen I). Results are expressed as  
 976 mean ± standard deviation (SD) obtained on three replicates.

977 d0 = day 0; d13 = day 13

978



979 Table 4. Cytochrome P450 activities of primary human hepatocytes (PHH) from the three donors used  
980 for the biokinetic studies.

Donor	Activity in pmol/min/mg protein				
	CYP1A1/2	CYP2B6	CYP3A4	CYP2C9	CYP2D6
B1032	< LOQ	5.33	0.104	3.81	0.281
S1045	0.221	23.1	33.4	29.9	3.36
B1050	0.140	22.1	< LOQ	15.1	0.809

981

982 The specific activity of cytochrome P450s (CYP) in the hepatocyte preparations deriving from the  
983 three different donors was assessed one day after seeding. Results were expressed as average of  
984 two technical replicates.

985

986 Table 5. Summary statistics of the posterior “population” mean parameters distribution of the *in vitro*  
 987 ibuprofen (IBU) kinetic models in the three cellular systems.  
 988

Parameter	PRH values <sup>a</sup>	PHH values	HepaRG cell values
$F_{in}$	230 ± 25 [180, 290]	259 ± 75 [130, 440]	- <sup>d</sup>
$F_{out}$	24 ± 2.9 [17, 30]	45.8 ± 15 [23, 84]	- <sup>d</sup>
$k_1$	3.5×10 <sup>-4</sup> ± 7.4×10 <sup>-5</sup> [2×10 <sup>-4</sup> , 5.2×10 <sup>-5</sup> ]	- <sup>d</sup>	- <sup>d</sup>
$k_2$	1.4×10 <sup>-3</sup> ± 3.3×10 <sup>-4</sup> [7.4×10 <sup>-4</sup> , 2.2×10 <sup>-3</sup> ]	- <sup>d</sup>	- <sup>d</sup>
$V_{max}$	- <sup>b</sup>	5.7×10 <sup>-9</sup> ± 3×10 <sup>-9</sup> [2.2×10 <sup>-9</sup> , 1.4×10 <sup>-8</sup> ]	- <sup>b</sup>
$V_{max} / K_m$	0.47 ± 0.02 [0.42, 0.5]	6.5 ± 3.0 [3.0, 15]	13 ± 6.5 [5.4, 30]
$\alpha$	- <sup>c</sup>	- <sup>c</sup>	5.1×10 <sup>-7</sup> ± 1.4×10 <sup>-7</sup> [2.5×10 <sup>-7</sup> , 8×10 <sup>-7</sup> ]

989  
 990 These posterior distributions were obtained by model calibration with the data. For PRH they  
 991 characterise to a typical experiment; while for PHH they correspond to the geometric mean of a virtual  
 992 population of hypothetical donors. For HepaRG cells they represent the geometric mean of a virtual  
 993 set of experiments.

994 <sup>a</sup> (mean ± SD) [2.5 and 97.5 percentiles of the posterior distribution].

995 <sup>b</sup> not applicable (first order kinetics).

996 <sup>c</sup> not applicable (slope set to zero).

997 <sup>d</sup> not applicable (fixed value parameter).

998

999 **Supplementary Data**

1000 Table S1. Population mean parameters descriptions, set values or statistical distributions of the *in vitro*  
 1001 IBU kinetic model for PHH. The posterior distributions were obtained by model calibration with the  
 1002 data and represent the geometric mean of a virtual population of hypothetical donors.

Parameter	Description	Units	Value or Prior distribution
$N_{\text{cell}}$	number of hepatocytes	-	$2 \times 10^6$
$V_{\text{med}}$	volume of assay medium	$\mu\text{m}^3$	$2 \times 10^{12}$
$V_{\text{cell}}$	volume of a cell	$\mu\text{m}^3$	3400 <sup>c</sup>
$F_{\text{in}}$	cell entry rate flow <sup>a</sup>	$\mu\text{m}^3 \cdot \text{sec}^{-1}$	U (0, 500) <sup>d</sup>
$F_{\text{out}}$	cell exit rate flow <sup>a</sup>	$\mu\text{m}^3 \cdot \text{sec}^{-1}$	U (0, $10^6$ )
$k_1$	GeTrex™ binding rate constant	$\text{sec}^{-1}$	0
$k_2$	GeTrex™ unbinding rate constant	$\text{sec}^{-1}$	0
$V_{\text{max}}$	maximum rate of metabolism <sup>a</sup>	$\text{nmol} \cdot \text{sec}^{-1}$	U (0, $10^{-7}$ )
$V_{\text{max}} / K_m$	low-dose metabolic clearance <sup>a,b</sup>	$\mu\text{m}^3 \cdot \text{sec}^{-1}$	U (0, $10^6$ )

1003 <sup>a</sup> Per hepatocyte.

1004 <sup>b</sup> At each iteration,  $V_{\text{max}}$  was divided by this parameter to compute the  $K_m$  value to use in Eq. 5.

1005 <sup>c</sup> Lodish et al., 2000.

1006 <sup>d</sup> U (min, max): uniform distribution.

1007

1008 Table S2. Population mean parameters descriptions, set values or statistical distributions of the *in vitro*  
 1009 IBU kinetic model for HepaRG cells. The posterior distributions were obtained by model calibration  
 1010 with the data and represent the geometric mean of a virtual set of experiments.

Parameter	Description	Units	Value or Prior distribution
$N_{\text{cell}}$	number of hepatocytes	-	$10^6$
$V_{\text{med}}$	volume of assay medium	$\mu\text{m}^3$	$2 \times 10^{12}$
$V_{\text{cell}}$	volume of a cell	$\mu\text{m}^3$	$3400^{\text{b}}$
$F_{\text{in}}$	cell entry rate flow <sup>a</sup>	$\mu\text{m}^3.\text{sec}^{-1}$	150
$F_{\text{out}}$	cell exit rate flow <sup>a</sup>	$\mu\text{m}^3.\text{sec}^{-1}$	30
$k_1$	protein binding rate constant	$\text{sec}^{-1}$	0
$k_2$	protein unbinding rate constant	$\text{sec}^{-1}$	0
$V_{\text{max}}(t_0) / K_m$	initial metabolic clearance <sup>a</sup>	$\mu\text{m}^3.\text{sec}^{-1}$	$U(0, 10^6)^{\text{c}}$
$\alpha$	clearance slope factor	$\text{sec}^{-1}$	$U(0, 10^{-6})$
$N_{\text{bcell}}$	number of biliary cells	-	$10^6$

1011 <sup>a</sup> Per cell.

1012 <sup>b</sup> Lodish et al., 2000.

1013 <sup>c</sup> U (min, max): uniform distribution.